Contact information

Agency & website	Telephone
Enrollment Center	1-866-305-5147
https://www.kmap-state-	TDD/TYY
ks.us/hcp/member	1-800-766-3777
Log on and password required.	Business hours:
To change your KanCare	Monday - Friday
health plan.	7:30 AM - 5:30 PM
Eligibility verification	1-800-766-9012
https://www.kmap-state-	TDD/TYY
ks.us/hcp/member	1-800-766-3777
Log on and password required.	Business hours:
To confirm your eligibility and	Monday - Friday
KanCare plan.	7:30 AM - 5:30 PM
KanCare Clearinghouse	1-800-792-4884
http://www.kancare.ks.gov/	Business hours:
For questions about your eligibility.	Monday - Friday
Also to report household changes	8:00 AM - 7:00 PM
such as address, phone number, or	
family size.	4 000 000 4444
Amerigroup . "	1-800-600-4441
<u>www.myamerigroup.com/ks</u>	Business hours:
To pick a doctor and ask questions	Monday - Friday
about your health care benefits	8:00 AM - 5:00 PM
including transportation.	4 077 044 4000
Sunflower Health Plan	1-877-644-4623
www.sunflowerhealthplan.com	Business hours:
To pick a doctor and ask questions	Monday - Friday
about your health care benefits	8:00 AM - 5:00 PM
including transportation.	4 077 540 0000
UnitedHealthcare	1-877-542-9238
Community Plan – Kansas	Business hours:
www.uhccommunityplan.com	Monday - Friday 8:00 AM - 6:00 PM
To pick a doctor and ask questions about your health care benefits	0.00 AIVI - 0.00 AIVI
The state of the s	
including transportation.	



Enrollment Booklet

Page 2

Table of Contents

Things to know	3
How do I make a change?	4
What are my rights and responsibilities?	5
What if I am not happy with my healthcare?	6
Contact information	

What if I am not happy with my healthcare?

Appeals (cont.)

- You must ask for an appeal within 63 calendar days of the date of the Notice.
- The appeal will be reviewed within 30 calendar days unless more time is needed. You or the health plan can ask for an additional 14 calendar days to review the appeal. If the health plan requests more time, you will be notified of the delay. You may be able to have a quicker review of your appeal. Call your health plan for more information.

State fair hearings

A state fair hearing is a formal meeting where an impartial person (someone you do not know) from the Office of Administrative Hearings (OAH) listens to all of the facts and then makes a decision based on the law.

 If you are not happy with the decision made on your appeal, you or someone acting on your behalf may ask for a state fair hearing. It must be done in writing and mailed or faxed.

Office of Administrative Hearings 1020 S. Kansas Ave. Topeka, KS 66612-1327 Fax: 785-296-4848

- The letter or fax must be received at OAH within 123 calendar days of the date of the Notice.
- You may be able to have a quicker state fair hearing. Call your health plan for more information.
- You must ask for an appeal first to your health plan before you can ask for a state fair hearing with the Office of Administrative Hearings.

How to make a change

STEP 1

Look at the **Enrollment Form** in the packet. It lists the members who are enrolled and may choose to change their health plan. It also lists your choice period end date.

STEP 2

Look at the **Health Plan Highlights**. Ask the plans or check their website for the providers in their networks. You will find doctors, hospitals, pharmacies, or other providers you may use. This includes aging or disability services and mental health or substance abuse services.

Amerigroup 1-800-600-4441

www.myamerigroup.com/ks

Sunflower Health Plan 1-877-644-4623

www.sunflowerhealthplan.com

UnitedHealthcare Community Plan 1-877-542-9238

www.uhccommunityplan.com

If you would like to use the Internet but do not have a computer, try going to your public library, place of worship or neighborhood school.

STEP 3

You may change your plan by choosing one of the three options below:

Option 1 – Enroll online at https://www.kmap-state-ks.us/hcp/member.

Option 2 – Complete the Enrollment Form and return it in the enclosed envelope before the deadline.

Option 3 – Call the Enrollment Center at 1-866-305-5147 from 7:30 a.m. to 5:30 p.m., Monday through Friday (TDD/TTY 1-800-766-3777).

What are my rights and responsibilities?

In KanCare, you have the right to:

- Be treated with respect.
- Receive information about KanCare benefits.
- Choose your primary provider within your plan.
- Make decisions about your health care.
- Have access to medical advice from your provider, either in person or by phone, 24 hours a day, 7 days a week.
- A second opinion.
- Voice concerns about your provider or services.
- Appeal any denials from the program.
- Review records used for the denials from the program.
- File a grievance if you are unhappy with your care.
- Ask if a service is covered before receiving it by asking your provider or calling your health plan.

In KanCare, you have the responsibility to:

- Review the KanCare enrollment packet. You have until
 the Choice Period End date on the enrollment form to
 change plans. If you choose not to change by that
 date, the next time you are able to change is during
 your Annual Open Enrollment.
- Choose your primary provider within the available plan.
- Call your provider for any medical problem.
- Go to your primary provider for preventive care.
- Read all the information given to you on your medical benefits.
- Make and keep appointments. If you can't keep an appointment, call and cancel.
- Follow the advice of providers.
- Pay for services that are not covered by KanCare.
- Show respect to providers.
- Use services appropriately. Example: Use the emergency room only when you believe you are having a true emergency.
- Tell your provider about other insurance coverage you have, including Medicare.

Page 6 Page 3

What if I am not happy with my healthcare?

Grievances

A grievance is an expression of dissatisfaction about anything other than an adverse benefit determination. You may ask for a grievance at any time. Call or write one of the customer service centers below to ask for a grievance. Customer service staff will help you with a grievance.

Amerigroup	1-800-600-4441
Sunflower Health Plan	1-877-644-4623
UnitedHealthcare Community Plan	1-877-542-9238

Appeals

An Appeal is a request for a review of any of the adverse benefit determinations below. You can appeal:

- The denial of approval for services or a limited approval of services, including the type or level of service;
- Reducing, suspending, or ending a service you have been receiving;
- The denial, in whole or part, of payment for a service:
- The failure of the health plan to act within the required time for service;
- The failure of the health plan to resolve grievances or appeals within the required times:
- The denial of your request to dispute something we say you owe.
- You will receive a Notice in the mail explaining the adverse benefit determination.
- To ask for an Appeal: You or someone acting on your behalf can ask for an appeal.
- You can ask for an appeal verbally or in writing.
 Customer service for your health plan can also help you with an appeal.

IMPORTANT

Remember – you can change plans during your initial Choice Period and then each year during your Annual Open Enrollment. The Enrollment Form in this packet shows you what the deadline is for you to make a change in your KanCare Health Plan. The deadline is listed on the form in the field named, "Choice Period End".

If you are pregnant or will be adding a newborn (under 12 months of age) to your case – the baby will usually be added to the same plan as the mother. The system will try to keep the mother and baby together beginning at birth if eligibility is approved. Think about this when choosing your plan.

Things to know:

- Your primary care provider may be a doctor, physician assistant, nurse practitioner, or a clinic in your health plan. If you need a specialist, make sure the specialist you want to see is in your health plan.
- Call your primary care provider if you or your child gets sick. In an emergency, go to the nearest emergency room or call 911.
- If you have special health care needs, call your health plan after you are enrolled and they will make sure you get the care you need.
- KanCare does not have copays.
- The Annual Open Enrollment period is based on the case as a whole rather than each person on the case.